

Application Data Sheet

Application Information

Application number::**Filing Date::** September 5, 2003**Application Type::** Regular**Subject Matter::** Utility**Title::** Self-Service Customer License Management Application Using Configuration Input Pages**Attorney Docket Number::** BEAS-01454US4**Request for Early Publication?::** No**Request for Non-Publication?::** No**Suggested Drawing Figure::** 2**Total Drawing Sheets::** 4**Small Entity?::** No**Applicant Information****Applicant Authority Type::** Inventor**Primary Citizenship Country::** United States**Status::** Full Capacity**Given Name::** Carey**Middle Name::** E.**Family Name::** Garibay**Name Suffix::****City of Residence::** Campbell**State or Province of Residence::** California**Country of Residence::** United States**Street of mailing address::** 75 North Second Street

City of mailing address:: Campbell
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 95008
Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Quoc
Middle Name::
Family Name:: Le
Name Suffix::
City of Residence:: Burlingame
State or Province of Residence:: California
Country of Residence:: United States
Street of mailing address:: 1219 Bellevue Avenue, Apt. 6
City of mailing address:: Burlingame
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 94010
Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Ru-Lien
Middle Name::
Family Name:: Fong
Name Suffix::
City of Residence:: Cupertino

State or Province of Residence:: California
Country of Residence:: United States
Street of mailing address:: 927 Bubb Road
City of mailing address:: Cupertino
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 95014
Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Thomas
Middle Name::
Family Name:: Han
Name Suffix::
City of Residence:: Cupertino
State or Province of Residence:: California
Country of Residence:: United States
Street of mailing address:: 10733 Culbertson Drive
City of mailing address:: Cupertino
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 95014
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Brazil
Status:: Full Capacity
Given Name:: Mario
Middle Name::

Family Name:: Kosmiskas
Name Suffix::
City of Residence:: San Jose
State or Province of Residence:: California
Country of Residence:: United States
Street of mailing address:: 330 Elan Village Lane, Apt. 310
City of mailing address:: San Jose
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 95134
Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Jonathan
Middle Name::
Family Name:: Thompson
Name Suffix::
City of Residence:: Redwood City
State or Province of Residence:: California
Country of Residence:: United States
Street of mailing address:: 3525 Farm Hill Blvd., Apt. 5
City of mailing address:: Redwood City
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 94061

Correspondence Information

Correspondence Customer Number:: 23910
Phone number:: (415) 362-3800
Fax Number:: (415) 362-2928
Email address:: Jpo@fdml.com

Representative Information

Representative Customer Number:: 23910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/485,867	07/09/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Bea Systems, Inc.
Street of mailing address:: 2315 North First Street
City of mailing address:: San Jose
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 95131